

FIELD CHECK LIST
FY 1965 UPDATING TASKS

Date Prepared 18 OCT. 1965

By C.D. HOWARD

A. FACILITY IDENTIFICATION: (Should agree with entries on Form 3706R)

1. Name WIRE BUILDING

2. Address 1000 VERMONT AVE. N.W.

3. S/L 22110054 F.O. BC Contract 07 Fac. No. 01538

B. GENERAL DATA: (Use current I&P File Listing where applicable)

- | | | |
|--|--|--|
| 1. Total existing
PF Cat 2-8
Spaces: <u>84</u> | 2. Total potable
water required
(B1 x 3.5) gal: <u>294</u> | 3. Issue Stocks
On Hand
Spaces <u>84</u> |
| 4. Water Storage Drums:
a. Required:
(B1 / 5) <u>7</u> Drums | b. Stocked: <u>7</u> Drums | c. Balance:
(4a - 4b) <u>0</u> Drums |
| 5. Shelter License: Yes _____ No _____ | No Contact _____ | Previously Licensed <u>X</u> |
| 6. Trapped Water Mod. Permit: Yes _____ No _____ | No Contact <u>X</u> | Not Req'd _____ |
| 7. Remarks: _____ | | |

C. NEW WELL:

1. Estimated Cost \$0 2. Remarks: NOT FEASIBLE

D. POTABLE WATER REQTS: (Considering trapped or well water sources shown on Form 3706R)

<u>Existing Sources</u>	<u>Total (After Modification)</u>
a. <u>850</u> gal	b. _____ gal
a. <u>556</u> gal	b. _____ gal
a. <u>84</u> spaces	b. _____ spaces
a. <u>7</u> drums	b. _____ drums
a. <u>0</u> drums	b. _____ drums

1. Total trapped or well water available:
2. Excess (D1-B2) (if negative, enter "0")
3. Equiv stockable spaces (D1 divided by
3.5 - should not exceed B1)
4. Equiv drums (D3 divided by 5 - should
not exceed B4a)
5. Max drums req'd, incl existing stocks
(B4a-D4)
6. Net req't (D5-B4b) (if negative enter "0")
7. Drums owner agrees to accept *

8. Remarks: _____

(*) If owner agreement to trapped water modification is obtained disregard D6a
and consider D6b as maximum requirement.

E. SANITATION REQUIREMENTS:

Entries required only if potable trapped or well water, D1, above, will be used in lieu of water stored in drums.

<u>Based Upon Using Existing Sources Only</u>	<u>Based Upon Total After Modification</u>
---	--

1. Quantity of sanitary waste resulting from use of trapped sources (D3 x 2.1 gal/person) a. 177 gal b. _____ gal
2. Can sanitary waste be removed from facility by gravity flow thru existing coil pipes? Yes X No _____. If "Yes", estimate quantity of water available for dilution and flushing and enter in E3, below. (One gallon required for each gallon of sanitary waste to be removed). Use excess trapped potable water, D2, above, and/or existing non-potable sources shown in Section C, Form 3706(R).

3. Quantity available for dilution and flushing a. 2250 gal b. _____ gal

(Note: If quantity in E3 equals or exceeds corresponding entry in E1, sanitary waste may be removed without storage and empty drum requirements, below, need not be computed).

4. Sanitary waste requiring storage in drums a. _____ gal a. _____ gal (E1 - E3)

5. Empty drums required (E4 divided by 15 gal) a. _____ drums b. _____ drums

(Note: Above requirement may be met by utilizing the fiber drum sanitary kits provided as issue stocks, and the steel water storage drums, if any are to be used in the facility. Only 30% of these will be available, since the remainder are required for storing sanitary waste resulting from use of the potable water initially stored therein).

6. Empty fiber drums available (B3 + D3, but not to exceed B1) divided by 50 persons a. _____ drums b. _____ drums

7. Empty water drums available (B4b + D7) x 30% a. _____ drums b. _____ drums

8. Net empty drums required E5 - (E6 + E7) a. 0 drums b. drums

9. Empty drums owner agrees to accept (*) _____.

(*) If owner agreement to trapped water modification is obtained disregard E3a and consider E8b as maximum requirement.

10. Remarks: _____

F. FOOD STOCKS:

1. Total food stocks required (B1, above).....Spaces **84**
2. Estimate of non-issue food stocks available in facility (Minimum 10 persons, 14 days).....Spaces **0**
3. Existing issue food stocks available, if any (B3, above).....Spaces **84**
4. Additional food stocks required (F1 minus F2 and F3).....Spaces **0**
5. Additional food stocks owner agrees to accept.....Spaces _____
6. Remarks: (Include basis for determination of F2 above)

G. RADIATION KITS:

1. Make appropriate entries below for non-adjoining shelter areas.

Description of Areas (Stories or Location)	Shelter Spaces	Kits Authorized
a. _____	_____	_____
b. _____	1	_____
c. _____	1	_____

2. Total nonadjoining areas **NONE**
3. Total Kits Authorized **1**

H. VENTILATION KITS

	Type "A" 100 persons	Type "B" 200 persons	Type "C" 300 persons
1. Total number of Ventilation Kits recommended	_____	_____	_____

2. Subdivision by shelter area, where applicable

Part No.	Floor	Room(s) if Applicable	Added Vent Spaces
----------	-------	-----------------------	-------------------

a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____

3. Remarks: _____